



**ADULT ENTERTAINMENT/HOTEL
LICENSE APPLICATION**
Complete in triplicate
Fee: \$100.00 per year

CITY LICENSE
(316) 268-4553

New
Renewal

Adult Entertainment
Adult Hotel

BUSINESS INFORMATION

NAME		PHONE	
ADDRESS		ZIP	
MAILING ADDRESS WITH ZIP		HRS & DAYS OF OPERATIONS	

APPLICANT INFORMATION (must be completed by person whose signature appears at bottom of application):

NAME		ALIAS/MAIDEN NAME	
RESIDENTIAL ADDRESS		ZIP	
LENGTH OF RESIDENCY IN:	KANSAS	SEDGWICK COUNTY	
HOME PHONE		DATE OF BIRTH	
		RACE	SEX

CORPORATION (IF APPLICABLE): Please provide the following information for all officers, directors, and each stockholder holding more than 5% of stock in the corporation. If more space is needed, use blank sheets to answer each question.

NAME		ALIAS/MAIDEN NAME	
RESIDENTIAL ADDRESS		ZIP	
LENGTH OF RESIDENCY IN:	KANSAS	SEDGWICK COUNTY	
HOME PHONE		DATE OF BIRTH	
		RACE	SEX

PARTNERSHIP (IF APPLICABLE): Complete the following information for each partner, including all limited partners. If the applicant is a limited partnership, it shall furnish a copy of its certificate of limited partnership. If one of the partners is a corporation, complete the Corporation section above. For more space use a blank sheet to answer each question.

NAME		ALIAS/MAIDEN NAME	
RESIDENTIAL ADDRESS		ZIP	
LENGTH OF RESIDENCY IN:	KANSAS	SEDGWICK COUNTY	
HOME PHONE		DATE OF BIRTH	
		RACE	SEX

MANAGER INFORMATION (if different from the applicant)

NAME		ALIAS/MAIDEN NAME	
RESIDENTIAL ADDRESS		ZIP	
LENGTH OF RESIDENCY IN:	KANSAS	SEDGWICK COUNTY	
HOME PHONE		DATE OF BIRTH	
		RACE	SEX

ALL PERSONS LISTED ON THIS APPLICATION OR ON SUBSEQUENT ATTACHMENTS MUST ANSWER THE FOLLOWING QUESTION:

Within five years prior to the date of submitting this application, have any of the persons listed above or on subsequent pages been adjudged guilty, placed on diversion, pled nolo contendere to felony or any crime involving moral turpitude? YES NO

I, _____, the above named applicant, do solemnly swear that I have read the contents of this application and that all information and answers herein contained are complete and true/ Furthermore, I hereby agree to comply with all laws of the State of Kansas, and all rules and regulations prescribed by the City of Wichita and I consent to the immediate revocation of my license, by the proper officials, for any violation of such laws, rules or regulations.

Signature of Applicant

Notary Public

My appointment expires on the _____ day of _____, 20____

FOR OFFICIAL USE ONLY

	APPROVED	DISAPPROVED	DATE
POLICE			
HEALTH			
CENTRAL INSPECTION			
FIRE			
POLICE			
CITY MANAGER			
CITY COUNCIL			
LICENSE #	DATE	RELEASED	EXPIRATION